

MAY 18 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

14107

1. PLACE OF DEATH  
County Buchanan

85

Township  
City St. Joseph Mo

Registration District No. 1001  
Primary Registration District No. St. Joseph Hospital

File No.  
Registered No. 503  
St. Ward

2. FULL NAME

(a) Residence, No. 2031 Felix St. Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown - Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mrs Gertrudes Unknown

17. INFORMANT (ADDRESS) 2031 Felix St, Sherrel

18. BURIAL, CREMATION, OR REMOVAL PLACE City, Cem DATE 4-11-1936 D.F. Graves Funeral Home

19. UNDERTAKER (ADDRESS) 806 S. 17th St, St. Joseph Mo

20. FILED 4-10-1936 John H. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936 to April 2, 1936  
I last saw him alive on April 1, 1936. Death is said to have occurred on the date stated above, at 5:55 A.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
Influenza  
Date of onset about 10 days  
about 2 wks

Other contributory causes of importance:  
Name of operation none Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) W. W. Carle, M. D.  
(Address) 301 W 5th Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

